



Professional Excellence Grant Application

Name: _____

Address: _____

SSN: _____

Name of Employing Library: _____

NOTE: Please submit a letter of employment and support your Library Director, County Commission, or City Manager.

Your Position Title: _____

Work Phone: () _____ e-mail: _____

Title of course / workshop / conference: _____

Date(s) and location of course / workshop: _____

NOTE: You must submit a workshop agenda with this application form. Training must involve at least six contact hours.

Name of offering organization: _____

NOTE: If registering for a credit class in a library science degree program, enclose an unofficial transcript showing completion of at least six credit hours.

1. Reason for attending (clarify reasons for selecting this event over others, impact on self, impact on library and patrons):

2. How will you use what you learn at this workshop in your library to benefit the end user, your patron?

3. How will you share what you learn at this workshop in your library?

Financial details: Please provide projected total costs even though the grant maximum is \$1,000. Be specific. **The State Library pays only for registration/tuition and mileage.**

| Proposed Budget Spreadsheet (Figures rounded to the nearest whole dollar) | | | |
|---|-------------------------------------|---------------------------|-------------|
| Category | Amount Requested from UPLIFT Grant* | Local Funds/Other Funds** | Total Funds |
| Operating Expenses | | | |
| Registration/Tuition | | | |
| Travel* | | | |
| Lodging | | | |
| Meals | | | |
| Other costs | | | |
| Total Request | | | |
| * Transportation, lodging, and meals will be paid according to Utah State per diem allowances. Mileage: equals 36 cents per mile or reasonable airfare at actual cost. | | | |

I understand all expenses are to be paid by self or sponsoring organization until Receipts (for credit courses, proof of registration, successful completion of the course with a grade of C or better) and evaluation form are submitted the Utah State Library Division.

Signature: _____ Date: _____

Send copies of your completed application to:

K. C. Benedict, Continuing Education Coordinator
 Utah State Library Division
 250 North 1950 West, Suite A
 Salt Lake City, Utah 84116-7901
kbenedic@utah.gov
 1-800-662-9150

Checklist (State Library Division use):

1. Application (original and six copies) complete and signed _____
2. Application must be typed _____
3. Letter of employment and support _____
4. Necessary supporting information enclosed _____
5. Unofficial transcript (required of librarians in MLIS programs): _____